

DWM-38 (rev 11-99)

ARIZONA DEPARTMENT of WEIGHTS and MEASURES

ORIGINAL - DEPT (Mail within 7 days of service date)

4425 W. Olive Avenue, Suite 134, Glendale, AZ 85302-3844

Phone: 602-255-5211 FAX: 602-255-1950 or 1-800-277-6675 (OUTSIDE Phoenix metro)

http://www.weights.az.gov

DEVICE LICENSE APPLICATION/
PLACED IN SERVICE REPORT

1912	or 1-800-277-6675 (OUTSIDE Phoenix metro) http://www.weights.az.gov					SERVICE DATE:				
BUSINESS NAME:						STORE #:		BMF #:		(if issued)
PHYSICAL LOCATION:						CITY:			ZIP:	
CONTACT:				PHONE:		FAX:		E-MAIL:		
BILLING ADDRESS:						CITY:			ZIP:	
BILLING PHONE:		RSA AGENCY NAME:							RSR#:	
Device Fee Code	Device Service Code	Mfg. of Device	Model #	Serial # (Required for All Devices)	Indicator Serial # (Scales only)	Location Code (Scales only)	Pump #'s (Fueling Devices)	Vehicle Lic. Plate # (LPG/Taxis)	NTEP C OF ((Required fo Devices)	r All #
R: Repair A: Add Device(s) D: Device(s) Removed				R: Register No. D: Deli B: Bakery	L OCATION CODES	(Scales Only): RSA M: Meat Dept. P: Produce O: Other		RSA E	EQUIPMENT SERIAL #'s (Used for Test)	
BUSINESS: I will abide by all statutes & administrative rules related to comme Signature				ercial device licensin	g requirements. Print				Date	
RSR: I have complied with all statutes & administrative rules relating to the Department's RSA program.										
Signature		Print						Date		

YELLOW: RSR

PINK: Business